

Fire Module: NFIRS 2
Scenario 2-2 Answers

NFIRS 5.0 SELF STUDY PROGRAM
APPENDIX A

A FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="05/03/2002"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="005455"/> Exposure <input type="text" value="000"/>				<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS - 1 Basic	
B Location <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only Census Tract <input type="text" value="0501"/> <input type="text" value="20"/> <input type="checkbox"/> Street address <input type="text" value="MM 73"/> <input type="text" value="I-95"/> <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input checked="" type="checkbox"/> Adjacent to Apt./Suite/Room City State Zip Code <input type="checkbox"/> Directions <input type="text" value="Near Exit 2B"/> Cross street or directions, as applicable							
C Incident Type <input type="text" value="131"/> <input type="text" value="Passenger Vehicle"/> Incident Type			E1 Dates & Times Midnight is 0000 Month Day Year Hour Min Alarm <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="03"/> <input type="text" value="2002"/> <input type="text" value="2358"/> Check boxes if dates are the same as Alarm Date. ARRIVAL required, unless canceled or did not arrive <input type="checkbox"/> Arrival <input type="text" value="05"/> <input type="text" value="04"/> <input type="text" value="2002"/> <input type="text" value="0004"/> CONTROLLED optional, except for wildland fires <input type="checkbox"/> Controlled <input type="text" value="05"/> <input type="text" value="04"/> <input type="text" value="2002"/> <input type="text" value="0010"/> LAST UNIT CLEARED, required except for wildland fires <input type="checkbox"/> Last Unit Cleared <input type="text" value="05"/> <input type="text" value="04"/> <input type="text" value="2002"/> <input type="text" value="0035"/>			E2 Shifts & Alarms Local Option <input type="text" value="C"/> <input type="text" value=""/> <input type="text" value="A105"/> Shift or platoon Alarms District	
D Aid Given or Received <input type="checkbox"/> Mutual aid received <input type="checkbox"/> Automatic aid recv. <input type="checkbox"/> Mutual aid given <input type="checkbox"/> Automatic aid given <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None Their FDID Their State Their Incident Number			E3 Special Studies Local Option <input type="text" value=""/> <input type="text" value=""/> Special Study ID# Special Study Value				
F Actions Taken <input type="text" value="11"/> <input type="text" value="Extinguish"/> Primary Action Taken (1) <input type="text" value=""/> <input type="text" value=""/> Additional Action Taken (2) <input type="text" value=""/> <input type="text" value=""/> Additional Action Taken (3)			G1 Resources <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <input type="text" value="2"/> <input type="text" value="6"/> EMS <input type="text" value="0"/> <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="text" value="0"/> <input type="checkbox"/> Check box if resource counts include aid received resources.		G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non None Property \$ <input type="text" value=""/> <input type="text" value="26"/> <input type="text" value="000"/> Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="00"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service <input type="text" value=""/> <input type="text" value=""/> Civilian <input type="text" value=""/> <input type="text" value=""/> H2 Detector Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		H3 Hazardous Materials Release N <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form		I Mixed Use Property NN <input checked="" type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly Use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mail 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	
J Property Use <input type="checkbox"/> Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergart. 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult ed. 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital <input type="checkbox"/> Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2- family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarder house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input checked="" type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway		539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Look up and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <input type="text" value=""/>			

NFIRS-1 Revision

**NFIRS 5.0 SELF STUDY PROGRAM
APPENDIX A**

K1 Person/Entity Involved

Local Option ☐ Business name (if applicable) _____ Area Code _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. ☒ **Robert** First Name ☐ **L** MI Last Name ☐ **Anderson** Suffix

Number ☐ **1630** Prefix ☐ **Second** Street or Highway ☐ **A V E** Street Type Suffix

Post Office Box _____ Apt./Suite/Room _____ City ☐ **Jarrett**

State ☐ **N C** Zip Code ☐ **2 4 5 0 1** - _____

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option ☐ Same as person involved? Then check this box and skip the rest of this section. Business name (if applicable) _____ Area Code _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. ☐ First Name ☐ MI Last Name ☐ Suffix

Number ☐ **23** Prefix ☐ **Washington** Street or Highway ☐ **S T** Street Type Suffix

Post Office Box _____ Apt./Suite/Room _____ City ☐ **Jarrett**

State ☐ **V A** Zip Code ☐ **2 3 2 1 9** - _____


L Remarks:

Local Option ☐ He said that his front seat caught on fire from a cigarette. He was drowsy from a prescription drug that he took.

Fire Module Required?

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure
<input type="checkbox"/> Special structure 112	Complete Fire Mod. & the 1 block on Structure Module
<input type="checkbox"/> Confined 113-118	Complete Basic Module
<input type="checkbox"/> Mobile Property 120-123	Complete Fire Module
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland
<input type="checkbox"/> Outside rubbish fire 150-155	Complete Basic Module
<input type="checkbox"/> Special outside fire 160-164	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

☐ More remarks? Check this box and attach Supplemental Forms(NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge. ☐ Officer in charge ID ☐ **1 0 0** Signature ☐ **Ernest Greene** Position or rank ☐ **Captain** Assignment ☐ **0 5** Month ☐ **0 4** Day ☐ **2 0 0 2** Year

☐ Member making report ID ☐ **2 3 0** Signature ☐ **Steve LaCivita** Position or rank ☐ **FF1** Assignment ☐ **0 5** Month ☐ **0 4** Day ☐ **2 0 0 2** Year

**NFIRS 5.0 SELF STUDY PROGRAM
APPENDIX A**

Complete this side for all fires				<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 2 Fire		
A	FDID <input type="text" value="92188"/>	State <input type="text" value="VA"/>	Incident Date <input type="text" value="05032002"/>	Station <input type="text" value="001"/>	Incident Number <input type="text" value="0005455"/>	Exposure <input type="text" value="000"/>		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 45%; vertical-align: top;"> B Property Details B1 <input type="text" value="0"/> <input checked="" type="checkbox"/> Not Residential Estimated number of residential living units in building of origin <i>whether or not all units became involved</i> B2 <input type="text" value="0"/> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <input type="text" value=""/> , <input type="text" value="0"/> <input type="checkbox"/> None <input type="checkbox"/> Less than one acre Acres burned (outside fires) </td> <td style="width: 55%; vertical-align: top;"> C On-Site Materials or Products <input type="checkbox"/> None Enter up to three codes. Check one box for each code entered. On-site material (1) <input type="text" value=""/> On-site material (2) <input type="text" value=""/> On-site material (3) <input type="text" value=""/> <div style="font-size: small;"> Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, <i>whether or not they became involved</i> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </td> </tr> </table>							B Property Details B1 <input type="text" value="0"/> <input checked="" type="checkbox"/> Not Residential Estimated number of residential living units in building of origin <i>whether or not all units became involved</i> B2 <input type="text" value="0"/> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <input type="text" value=""/> , <input type="text" value="0"/> <input type="checkbox"/> None <input type="checkbox"/> Less than one acre Acres burned (outside fires)	C On-Site Materials or Products <input type="checkbox"/> None Enter up to three codes. Check one box for each code entered. On-site material (1) <input type="text" value=""/> On-site material (2) <input type="text" value=""/> On-site material (3) <input type="text" value=""/> <div style="font-size: small;"> Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, <i>whether or not they became involved</i> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div>
B Property Details B1 <input type="text" value="0"/> <input checked="" type="checkbox"/> Not Residential Estimated number of residential living units in building of origin <i>whether or not all units became involved</i> B2 <input type="text" value="0"/> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <input type="text" value=""/> , <input type="text" value="0"/> <input type="checkbox"/> None <input type="checkbox"/> Less than one acre Acres burned (outside fires)	C On-Site Materials or Products <input type="checkbox"/> None Enter up to three codes. Check one box for each code entered. On-site material (1) <input type="text" value=""/> On-site material (2) <input type="text" value=""/> On-site material (3) <input type="text" value=""/> <div style="font-size: small;"> Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, <i>whether or not they became involved</i> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div>							
D Ignition D1 <input type="text" value="81"/> <input type="text" value="Operator/passenger area"/> Area of fire origin D2 <input type="text" value="61"/> <input type="text" value="Cigarette"/> Heat source D3 <input type="text" value="21"/> <input type="text" value="Upholstered sofa, chair,..."/> Item first ignited <input type="checkbox"/> Check box if fire spread was confined to object of origin D4 <input type="text" value="71"/> <input type="text" value="Fabric, fiber, cotton,..."/> Type of material first ignited Required only if item first ignited code is 00 or <70		E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input checked="" type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <input type="checkbox"/> None <input type="text" value="11"/> <input type="text" value="Abandoned or discarded materials or products"/> Factor contributing to ignition (1) <input type="text" value=""/> <input type="text" value=""/> Factor contributing to ignition (2)		E3 Human Factors Contributing To Ignition Check all applicable boxes <input type="checkbox"/> None 1 <input type="checkbox"/> Asleep 2 <input checked="" type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person <input type="text" value=""/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female				
F1 Equipment Involved In Ignition <input checked="" type="checkbox"/> None If equipment was not involved, skip to Section G <input type="text" value=""/> <input type="text" value=""/> Equipment Involved Brand <input type="text" value=""/> Model <input type="text" value=""/> Serial # <input type="text" value=""/> Year <input type="text" value=""/>		F2 Equipment Power Source <input type="text" value=""/> <input type="text" value=""/> Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.</small>		G Fire Suppression Factors Enter up to three codes. <input checked="" type="checkbox"/> None <input type="text" value=""/> <input type="text" value=""/> Fire suppression factor (1) <input type="text" value=""/> <input type="text" value=""/> Fire suppression factor (2) <input type="text" value=""/> <input type="text" value=""/> Fire suppression factor (3)				
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input checked="" type="checkbox"/> Involved in ignition and burned <input type="text" value="Explorer"/> <input type="text" value="1999"/> Mobile property model Year <input type="text" value="A1CZ1586"/> <input type="text" value="VA"/> <input type="text" value="1FBE1U154XAB1C41561341"/> License Plate Number State VIN Number		H2 Mobile Property Type & Make <input type="text" value="11"/> <input type="text" value="Passenger Car"/> Mobile property type <input type="text" value="FO"/> <input type="text" value="Ford"/> Mobile property make Year <input type="text" value="1999"/>		Local Use <input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached				
Structure fire? Please be sure to complete the other side of this form.								

NFIRS-2 Revision 01/19/99